

**OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT**

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HV460181

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION			INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) CLINTON, SHANTELL D			<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 7433 S STATE ST		
STAR NO. 9012	POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)	
DATE OF APPOINTMENT 09-JUL-2007	EMPLOYEE NO. [REDACTED]		LOCATION CODE 303-SIDEWALK	BEAT OF OCCURRENCE 0323	
UNIT OF ASSIGNMENT 003	BEAT/CALL NO. 0368A		DATE OF OCCURRENCE 04-SEP-2012	TIME 03:39:00	DAY OF WEEK TUESDAY
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]	NO. OF OFFICERS BATTERED <u>4</u>		
HEIGHT 505	WEIGHT 150		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO		
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>5</u>					
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED					
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER			
<input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____					
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER					
TYPE OF ACTIVITY					
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input checked="" type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN  I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____					
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____					
<input type="checkbox"/> K. OTHER					
TYPE OF INJURY TO OFFICER					
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE					
WAS THE OFFENDER'S ACTIVITY DRUG RELATED?					
<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN					
GANG RELATED?					
<input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN					
NO. OF OFFENDERS PRESENT? <u>1</u>					
LIGHTING CONDITIONS AT INCIDENT					
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> F. POOR <input type="checkbox"/> G. GOOD					
WEATHER CONDITIONS					
<input type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND					
APPROXIMATE OUTDOOR TEMPERATURE: <u>70</u> °F # <u>105660</u>					

CPD-11.451 (REV. 1/04)

LOG # 1056803

Attachment # 13

None

REPORTING MEMBER - SIGNATURE  
CLINTON, SHANELL D

STAR NO.  
9012

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
JOHNSON, EDDIE T

366